

DISTRICT OF COLUMBIA

DEPARTMENT OF INSURANCE SECURITIES & BANKING

INSURANCE RATE AND RULE FILING CERTIFICATION

A. Name of company or rating organization and mailing address

B. Date of Filing

C. Line of Business

 Proposed Effective Date

Notes:

 A Premium Survey Form must be attached to every private passenger auto filing

 All information shall be for the District of Columbia only, unless otherwise specified

 Provide a filing memorandum which fully states the purpose of the filing

D. Is this an independent filing

 or a "me too" filing

 or a filing related to the approved filing of a rating organization

 ?

If not an independent filing, specify approval date and reference number (if applicable) of the related filing

E. List all rate level changes for the District of Columbia policies for the last five years:

Effective Date Overall Rate Level Change

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

F. Show the change in the number of policies in force in the District of Columbia over the last five years:

Mandatory

Number of Policies in Force (as December 31st)

	Voluntary		Assigned	Grand	Percent
	<u>New</u>	<u>Renewal</u>	<u>Risk</u>	<u>Total</u>	<u>Growth</u>
5th Prior Year	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
4th Prior Year	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
3rd Prior Year	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
2nd Prior Year	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
1st Prior Year	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

G. Show the maximum and minimum rate level effect of this filing by coverage. These effects shall illustrate the maximum increase (or smallest decrease) and minimum increase (or largest decrease), which will result to any one insured from the proposed changes to rates and/or rating factors.

The calculation of these effects shall be: the proposed change in the base rate, times the maximum (or minimum) change to each rating factor affecting coverage.

Percentage Minimum	Rate Level Maximum	Changes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Please provide information on the actuarial supporting data:

(1)	Calendar Year	_____	Basic Limits	_____
	Accident Year	_____	Total Limits	_____
	Policy year	_____		
	Other (Specify)	_____		

If total limits data has been provided, specify the part of the filing that illustrates how large losses have been considered.

- (2)

All rate filings shall mathematically consider investment income, pursuant to D.C. Code Section 31-2703(6), 2001 Edition (as amended).
Specify the part of the filing which mathematically determines investment income:

- (3)

Please provide a chart showing the number of earned exposures for each coverage and each year of experience.
- (4)

Please provide a chart showing the actual written premium by coverage, which was used to calculate the overall percentage rate change.

- I. The following data for the District of Columbia should be submitted from page 15 of the Annual Statement for the most recent two years.

		<u>Most Recent Year (20__)</u>			
<u>Coverage</u>		Direct Premium		Direct Losses	
		<u>Written</u>	<u>Earned</u>	<u>Paid</u>	<u>Incurred</u>
Bodily Injury	_____	_____	_____	_____	_____
Property damage	_____	_____	_____	_____	_____
Uninsured Motorist	_____	_____	_____	_____	_____
Other Liability	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Personal Injury Protection	_____	_____	_____	_____	_____
Collision	_____	_____	_____	_____	_____
Comprehensive	_____	_____	_____	_____	_____
Other Physical Damage	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Underwriting Income/Earned Premium		_____			
		<u>Prior Year (20__)</u>			
<u>Coverage</u>		Direct Premium		Direct Losses	
		<u>Written</u>	<u>Earned</u>	<u>Paid</u>	<u>Incurred</u>
Bodily Injury	_____	_____	_____	_____	_____
Property damage	_____	_____	_____	_____	_____
Uninsured Motorist	_____	_____	_____	_____	_____
Other Liability	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Personal Injury Protection	_____	_____	_____	_____	_____
Collision	_____	_____	_____	_____	_____
Comprehensive	_____	_____	_____	_____	_____
Other Physical Damage	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Underwriting Income/Earned Premium		_____			

As an authorized representative of the Company or rating organization, I hereby certify that to the best of my knowledge and belief the attached filing complies with all applicable laws, regulations and bulletins of the District of Columbia.

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE (REQUIRED)

TITLE

TELEPHONE NUMBER

E-MAIL ADDRESS